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1.0 General Report Overview

Due to the reorganization of the Prepaid Inpatient Health Plans (PIHPs) which created Regional Authorities, the number of PIHPs that the MDCH contracts with for the provision of services authorized in the Medicaid Managed Supports and Services Concurrent Waiver Programs contract decreased from 18 PIHPs to 10 PIHPs. Seven of the 10 PIHPs formed new Regional Authorities; which are entities, jointly governed by the sponsoring Community Mental Health Service Programs (CMHSPs), that has met the requirements for the selection to be certified to the Center for Medicare and Medicaid Services as a PIHP. The contracts with these 7 entities took effect January 1, 2014. As such, most CMHSPs have two FY 14 contracts for the provision of Medicaid Managed Care and the Adults Benefit Waiver (ABW) services. The individual contracts cover specific time frames, one contract covering October 1 through December 31, 2013 and one contract covering January 1 through September 30, 2014.

The Financial Status Report (FSR) – Supplemental All Non-Medicaid worksheet will be used by the affiliate CMHSP to report financial information for the FY 14 PIHP to Affiliate Medicaid Services Contracts, the PIHP to Affiliate ABW Services Contracts, and the PIHP to Affiliate Autism Benefit Services Contracts. The FSR – Supplemental All Non-Medicaid worksheet will provide the break-out between the contractual period October 1 – December 31, 2013 and the contractual period January 1 – September 30, 2014.

The FSR – Supplemental All Non-Medicaid replicates Section I – PIHP to Affiliate Medicaid Services Contracts, Section IA – PIHP to Affiliate ABW Services Contracts, and Section IB – PIHP to Affiliate Autism Benefit Services Contracts of the FSR - All Non-Medicaid. The FSR – Supplemental All Non-Medicaid must reconcile to what's reported on the FSR – All Non-Medicaid.

2.0 Report - Due Dates

Refer to the reporting grid incorporated in Attachment C.7.8.1 of the Contract for identification of report due dates. The reporting grid can be found on the MDCH website:
http://www.michigan.gov/mdch/0,4612,7-132-2941_38765---,00.html


3.0 Report Submission

3.1 Report Submitted via US Mail

This is no longer applicable. Electronic report submission required.

3.2 Report Submission – Electronic

The report should be submitted electronically to the department by the due date identified in 2.0 above at MDCH-MHSA-Contracts-MGMT@michigan.gov.

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The report's file name must identify the reporting fiscal year, period covered (submission type), agency name, report title and date of submission. Example: For the FY 13 Year End Interim reporting package submitted from network180 for the Supplemental All Non Medicaid Financial Status Report, the file name should read **FY13 Year End Interim network180 FSRBUNDLE 11-10-2013**.

Note: The Supplemental - All Non- Medicaid Financial Status Report is part of the FSR Bundle file.

Refer to the Electronic Report Submission Guidelines for report submission specifications.

4.0 Report Specific Navigation or Terminology

Within this document the terms used in these instructions shall be construed and interpreted as defined below:

Medicaid Contract: The Medicaid Managed Specialty Supports and Services Concurrent 1915(b)/(c) Waiver Program Contract with selected PIHPs to manage the Concurrent 1915(b)/(c) and the Healthy Michigan Plan Programs in a designated service area and to provide a comprehensive array of specialty mental health and substance abuse services and supports.


Autism Benefit Services: The MDCH/PIHP Medicaid Managed Specialty Supports and Services Concurrent 1915(b)/(c) Waiver Program – 1915(i) – Autism Benefit is authorized in the Medicaid Contract

ABW Contract: The ABW Non-Pregnant Childless Adults Waiver Section 1115 Demonstration Program Contract

GF Contract: MDCH/CMHSP Managed Mental Health Supports and Services Contract

PIHP: A CMHSP or Regional Authority that holds the Medicaid Managed Specialty Supports and Services Concurrent 1915(b)/(c) Waiver Program Contract and the Michigan ABW Non-Pregnant Childless Adults Waiver Contract with MDCH and acts as the Prepaid Inpatient Health Plan

CMHSP: Community Mental Health Services Program that holds the GF Contract with MDCH

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The Financial Status Report – Supplemental - All Non-Medicaid includes cell shading to assist the end user with completion of the form.

Report headers are shaded in light green.

Cells requiring data entry are shaded in yellow.

Cells that are formula driven and should not have data entered are shaded peach or light turquoise. The cells shaded in light turquoise represent sub-totals or totals.

Select cells have conditional formatting applied so that if an erroneous entry is made the cell will turn orange.

Worksheet protection has been enabled.


Precision as displayed functionality has been enabled. As such, Excel will utilize the displayed value instead of the stored value when it recalculates formulas.

The term “Submission Type” on the worksheet refers to the reporting period, i.e., Projection, Interim, Final.

The following numbering / sequencing have been utilized in the FSR – Supplemental - All Non-Medicaid:

- 1 – 99 Indicates rows where FFPs have been entered
- 100 Title row for revenue
- 101-189 Detail rows for reporting revenue. May include sub-totals.
- 190 Total row for revenue
- 200 Title row for expenditures
- 201-289 Detail rows for reporting expenditures. May include sub-totals.
- 290 Total row for expenditures
- 295 Sub-total row identifying net surplus (deficit) prior to any redirection
- 300 Title row for redirection of funds (TO) and FROM
- 301-389 Detail rows for reporting redirection. May include sub-totals.
- 390 Total row for redirection of funds (TO) and FROM
- 400 Total row identifying the remaining balance. The balance is calculated by taking into consideration available revenue less expenditures and adjusting for any redirections (TO) or FROM. For each section, this row will indicate whether there can be a remaining balance (impacts fund balance, carry-forward, lapse), whether the remaining balance cannot be less than zero (MICHild where remaining balances will convert to local) or whether the remaining balance must equal zero (CMHSP must indicate how all surplus/deficits where addressed).

The FSR – Supplemental All Non-Medicaid uses the same row layout as the FSR – All Non-Medicaid. The examples of row layouts listed below as examples can be found in the FSR – All Non-Medicaid. The FSR All Non-Medicaid – Row Layout: For the most part, all rows

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contain an alpha reference, a numeric reference, a description and then the amount associated to the listed elements. The alpha reference refers to the Section of the FSR (Medicaid, GF, etc). The number reference refers to the character of the line (revenue, expenditures, etc). The description could be a label (revenue, expenditure, etc) or a more detailed description of the item (CMH Operations, Categorical, etc). The redirection rows include at the end of the description a reference to the partner row.

For example – B 308 (TO) GF Cost of Children’s Waiver t– F 301, the “B” refers to General Fund, the 308 indicates that this row represents a redirection to another row, the “(TO) GF Cost of Children’s Waiver” describes that GF funds are being redirected to Children’s Waiver, the “F 301” indicates that the partner row (FROM row) is in Section F –Children’s Waiver, row 301.

REDIRECTS – (TO) FROM – Each CMHSP is expected to maintain a balanced budget. However, it is acknowledged that funding and expenditures, by category may not always be equal. The “Redirected Funds (To) From” sections will be the mechanism in which the CMHSP will identify how any funding surplus or deficit was resolved by category. The “redirects” will identify how surplus funds are used by other programs or how deficits were covered by other funding sources. In either case, the funding source must be a legitimate source of funding for the program the funding is being redirected to cover.

The redirection of GF to Medicaid requires prior approval of the MDCH.

Every “TO” redirection will have an off-setting “FROM” transaction. The converse is also true, for every “FROM” redirection there will be a “TO” transaction. The “TO” and “From” amounts will be equal; thus all redirections will sum to zero. Following is an example:

B 303 (TO) GF Cost of MICHild – Required Match – D 302 (\$10)

This line is within the General Fund section and indicates that \$10 is being transferred “(TO)” the MICHild section to fund expenditures and satisfy the GF match requirements.


D 302 FROM General Fund – Required Match – B 303 \$10

This line is within the MICHild section and indicates that \$10 is being received “FROM” the GF section to fund MICHild expenditures and satisfy the GF match requirements.

Redirection amounts are entered in the FROM redirects and automatically linked to the TO redirects as the opposite or converse amount.

5.0 Instructions for Completion of the Report

The CMHSP name, Fiscal Year, Submission Type and Submission Date have been brought forward from the FSR – All Non-Medicaid.

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5.01 Section I - PIHP to AFFILIATE MEDICAID SERVICES CONTRACTS - CMHSP USE ONLY

The CMHSP will use this section to report revenues and expenditures associated to the provision of a comprehensive array of specialty mental health and substance abuse services and supports as indicated in the CMHSP contract with the PIHP and in the Medicaid Provider Manual. A comparison will be made between revenue and expense to determine whether there is an overall surplus or deficit in funding associated to the CMHSP / PIHP contract. It will also identify whether the CMHSP had to redirect funding (TO) or From CMHSP to CMHSP Earned Contracts or From Non-MDCH Earned Contracts for costs associated to consumers who are Medicaid eligible.

Note: This section will only be used by CMHSPs that are affiliate members of a PIHP. Additionally, this information must be reported to the PIHP and be included on the Financial Status Report – Medicaid

COLUMN INSTRUCTIONS:

In column A, enter amounts relative to the contractual time period of October 1 – December 31, 2013.

In column B, enter amounts relative to the contractual time period of January 1 – September 30, 2014.

ROW I-100 – REVENUE

This row is the label REVENUE. The rows immediately following will represent the revenues available to fund current year expenditures associated to the PIHP to Affiliate Medicaid Services Contracts.

ROW I-101 - REVENUE - FROM PIHP


Enter the amount of revenue from the PIHP that is associated to the provision of the comprehensive array of specialty mental health and substance abuse services and supports as indicated in the CMHSP contract with the PIHP and in the Medicaid Provider Manual.

ROW I-102 - 1ST & 3RD PARTY COLLECTIONS – MEDICARE/MEDICAID CONSUMERS - AFFILIATE

The CMHSP is the payer of last resort and has the responsibility to identify and seek recovery from all other parties for services provided to recipients. Enter the funding available from 1st and 3rd Party collections that are not included in the Special Fund Account authorized in Section 226a (PA 423) of the MHC.

ROW I-190 - TOTAL REVENUE

The cell represents the total amount of revenue available to fund expenditures for the provision of the comprehensive array of specialty mental health and substance abuse services and supports as indicated in the CMHSP contract with the PIHP and in the Medicaid Provider Manual. This cell is formula driven. The formula is the *sum of*

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Revenue – from PIHP (I 101) and 1st & 3rd Party Collections – Medicare/Medicaid Consumers – Affiliate (I 102)

ROW I-290 - EXPENDITURE

Enter the amount of expenditures associated to the provision of the comprehensive array of specialty mental health and substance abuse services and supports as indicated in the CMHSP contract with the PIHP and in the Medicaid Provider Manual.

ROW I-295 - NET PIHP TO AFFILIATE MEDICAID SERVICES CONTRACTS SURPLUS (DEFICIT)

This cell represents the net PIHP to Affiliate Medicaid Services Contract surplus or deficit prior to any redirection of funds. The cell is formula driven. The formula is *Total Revenue (I 190) less Expenditure (I 290)*.

ROW I-300 - REDIRECTED FUNDS (TO) FROM

This row is the label Redirected Funds (To) From. The rows immediately following will identify whether there was an overall surplus or deficit in funding associated to the CMHSP / PIHP contract. It will identify whether the CMHSP had to redirect funding (TO) or From CMHSP to CMHSP Earned Contracts or From Non-MDCH Earned Contracts for costs associated to consumers who are Medicaid eligible.

Row I-301 - (TO) CMHSP TO CMHSP EARNED CONTRACTS - J306

CMHSP to CMHSP earned contracts are defined as arrangements between CMHSPs from the sale of services or goods including revenues earned in the context of the sale of services or goods. An example is service provided to consumers of one CMHSP by another CMHSP. The CMHSP that provides the service under contract and receives funding for this purpose from another CMHSP must report the total revenues and expenses in section J – CMHSP to CMHSP Earned Contracts.

Enter, as a negative, the amount of surplus Medicaid funding which is being redirected to Section J for cost overruns in the CMHSP to CMHSP Earned Contracts.

Row I-302 - FROM CMHSP TO CMHSP EARNED CONTRACTS - J303


CMHSP to CMHSP earned contracts are defined as arrangements between CMHSPs from the sale of services or goods including revenues earned in the context of the sale of services or goods. An example is service provided to consumers of one CMHSP by another CMHSP. The CMHSP that provides the service under contract and receives funding for this purpose from another CMHSP must report the total revenues and expenses in section J - CMHSP to CMHSP Earned Contracts.

Enter the amount of surplus CMHSP to CMHSP funding redirected from section J to cover cost of services provided to Medicaid consumers.

A brief explanation of this amount should be included in the Remarks section with a cross reference to this row.

Row I-303 - FROM NON-MDCH EARNED CONTRACTS - K303

Enter the amount of the surplus Non-MDCH Earned Contract funding redirected from section K-Non-MDCH Earned Contracts to cover the costs of services provided to Medicaid consumers.

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A brief explanation of this amount should be included in the Remarks section with a cross reference to this row.

ROW I-390 - TOTAL REDIRECTED FUNDS

This cell represents the total of redirected funds associated to the PIHP to Affiliate Medicaid Services Contracts. The cell is formula driven. The formula is the *sum of (TO) CMHSP to CMHSP Earned Contracts (I 301), FROM CMHSP to CMHSP Earned Contracts (I 302) and FROM Non-MDCH Earned Contracts (I 303).*

ROW I-400 - BALANCE PIHP TO AFFILIATE MEDICAID SERVICES CONTRACT (MUST = 0).

As the row title indicates, the amount in this cell must equal zero. This cell is formula driven. The formula is *Net PIHP to Affiliate Medicaid Services Contracts Surplus (Deficit) (I 295) plus Total Redirected Funds (I 390).*

Note: If this cell turns orange it indicates a PHIP wide Medicaid deficit. This can only be negative if the entire PIHP is in deficit after using all current Medicaid funding, prior year Medicaid savings and any Medicaid ISF. Should this be negative provide an explanation in the Remarks section of the funding status of the entire PIHP deficit.

5.02 Section IA - PIHP to AFFILIATE ABW SERVICES CONTRACTS - CMHSP USE ONLY

The CMHSP will use this section to report revenues and expenditures associated to the provision of a comprehensive array of ABW mental health and substance abuse services and supports as indicated in the CMHSP contract with the PIHP and in the Medicaid Provider Manual. A comparison will be made between revenue and expense to determine whether there is an overall surplus or deficit in funding associated to the CMHSP / PIHP contract. It will also identify whether the CMHSP had to redirect funding (TO) or From CMHSP to CMHSP Earned Contracts or From Non-MDCH Earned Contracts for costs associated to consumers who are ABW eligible.

Note: This section will only be used by CMHSPs that are affiliate members of a PIHP. Additionally, this information must be reported to the PIHP and be included on the Financial Status Report – ABW


COLUMN INSTRUCTIONS:

In column A, enter amounts relative to the contractual time period of October 1 – December 31, 2013.

In column B, enter amounts relative to the contractual time period of January 1 – September 30, 2014.

ROW IA-100 – REVENUE

This row is the label REVENUE. The rows immediately following will represent the revenues available to fund current year expenditures associated to the PIHP to Affiliate ABW Services Contracts.

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ROW IA-101 - REVENUE – MH - FROM PIHP

Enter the amount of revenue from the PIHP that is associated to the provision of the comprehensive array of ABW mental health services and supports as indicated in the CMHSP contract with the PIHP and in the Medicaid Provider Manual.

ROW IA-102 - - REVENUE - SA - FROM PIHP

Enter the amount of revenue from the PIHP that is associated to the provision of the comprehensive array of ABW substance abuse services and supports as indicated in the CMHSP contract with the PIHP and in the Medicaid Provider Manual.

ROW IA-190 - TOTAL REVENUE

The cell represents the total amount of revenue available to fund expenditures for the provision of the comprehensive array of ABW mental health and substance abuse services and supports as indicated in the CMHSP contract with the PIHP and in the Medicaid Provider Manual. This cell is formula driven. The formula is the *sum of Revenue –MH- from PIHP (IA 101) and Revenue-SA-From PIHP (IA 102)*

ROW IA-200 – EXPENDITURE

This row is the label EXPENDITURE. The rows immediately following will represent the expenditures for services provided and authorized in the ABW Contract.

ROW IA-201 – EXPENDITURE-MH

Enter the amount of expenditures associated to the provision of the comprehensive array of ABW mental health as indicated in the CMHSP contract with the PIHP and in the Medicaid Provider Manual.

ROW IA-202 – EXPENDITURE-SA

Enter the amount of expenditures associated to the provision of the comprehensive array of ABW substance abuse services and supports as indicated in the CMHSP contract with the PIHP and in the Medicaid Provider Manual.

ROW IA-290 - TOTAL EXPENDITURE


This cell represents the total expenditures associated to ABW mental health and substance abuse services and supports. The cell is formula driven. The formula is the *sum of Expenditure-MH (IA 201) and Expenditure-SA (IA 202)*.

ROW IA-295 - NET PIHP TO AFFILIATE ABW SERVICES CONTRACTS SURPLUS (DEFICIT)

This cell represents the net PIHP to Affiliate ABW Services Contract surplus or deficit prior to any redirection of funds. The cell is formula driven. The formula is *Total Revenue (IA 190) less Total Expenditure (IA 290)*.

ROW IA-300 - REDIRECTED FUNDS (To) FROM

This row is the label Redirected Funds (To) From. The rows immediately following will identify whether there was an overall surplus or deficit in funding associated to the CMHSP / PIHP contract. It will identify whether the CMHSP had to redirect funding (TO) or From CMHSP to CMHSP Earned Contracts or From Non-MDCH Earned Contracts, General Fund, Substance Abuse MDCH Contract or Local Funds for costs associated to consumers who are ABW eligible.

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Row IA-301 - (TO) CMHSP TO CMHSP EARNED CONTRACTS - J306.5

CMHSP to CMHSP earned contracts are defined as arrangements between CMHSPs from the sale of services or goods including revenues earned in the context of the sale of services or goods. An example is service provided to consumers of one CMHSP by another CMHSP. The CMHSP that provides the service under contract and receives funding for this purpose from another CMHSP must report the total revenues and expenses in section J – CMHSP to CMHSP Earned Contracts.

Enter, as a negative, the amount of surplus ABW funding which is being redirected to Section J for cost overruns in the CMHSP to CMHSP Earned Contracts.

A brief explanation of this amount should be included in the –Remarks section with a cross reference to this row.

Row IA-302 - FROM GENERAL FUND – B309.5

Enter the amount of surplus GF redirected from Section B – General Fund – (TO) PIHP to AFFILIATE ABW SERVICES CONTRACTS (B309.5) to cover the costs of services provided to consumers who are ABW eligible.

Row IA-303 - FROM CMHSP TO CMHSP EARNED CONTRACTS - J303.5

CMHSP to CMHSP earned contracts are defined as arrangements between CMHSPs from the sale of services or goods including revenues earned in the context of the sale of services or goods. An example is service provided to consumers of one CMHSP by another CMHSP. The CMHSP that provides the service under contract and receives funding for this purpose from another CMHSP must report the total revenues and expenses in section J - CMHSP to CMHSP Earned Contracts.

Enter the amount of surplus CMHSP to CMHSP funding redirected from section J to cover cost of services provided to ABW consumers.

A brief explanation of this amount should be included in the Remarks section with a cross reference to this row.


Row IA-304 - FROM NON-MDCH EARNED CONTRACTS - K303.5

Enter the amount of the surplus Non-MDCH Earned Contract funding redirected from section K-Non-MDCH Earned Contracts to cover the costs of services provided to ABW consumers.

A brief explanation of this amount should be included in the Remarks section with a cross reference to this row.

Row IA-305 - From Substance Abuse MDCH Contract - L300.5

Enter the amount of SA funding being utilized to fund all or a portion of the deficit in PIHP to Affiliate ABW Services Contracts.

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A brief explanation of this amount should be included in the Remarks section with a cross reference to this row.

Row IA 306 – From Local Funds – M309.5

Enter the amount of local funds being utilized to fund all or a portion of the deficit in PIHP to Affiliate ABW Services Contracts.

A brief explanation of this amount should be included in the Remarks section with a cross reference to this row.

Row IA-390 - TOTAL REDIRECTED FUNDS

This cell represents the total of redirected funds associated to the PIHP to Affiliate ABW Services Contracts. The cell is formula driven. The formula is the *sum of (TO) CMHSP to CMHSP Earned Contracts (IA 301), From General fund IA 302, FROM CMHSP to CMHSP Earned Contracts (IA 303), FROM Non-MDCH Earned Contracts (IA 304), From Substance Abuse MDCH Contract IA 305 and From Local Funds IA 306.*

Row IA-400 - BALANCE PIHP TO AFFILIATE ABW SERVICES CONTRACT (CANNOT BE < 0).

As the row title indicates, the amount in this cell cannot be less than zero. This cell is formula driven. The formula is *Net PIHP to Affiliate ABW Services Contracts Surplus (Deficit) (IA 295) plus Total Redirected Funds (IA 390).*

5.03 Section IB - PIHP to AFFILIATE AUTISM BENEFIT SERVICES CONTRACTS - CMHSP USE ONLY


The CMHSP will use this section to report revenues and expenditures associated to the Autism Benefit and the provision of ABA services as authorized in the Contract between the CMHSP and the affiliate PIHP and in the Medicaid Provider Manual.

Note: This section will only be used by CMHSPs that are affiliate members of a PIHP. Additionally, this information must be reported to the PIHP and be included on the Financial Status Report – Autism Benefit.

COLUMN INSTRUCTIONS:

In column A, enter amounts relative to the contractual time period of October 1 – December 31, 2013.

In column B, enter amounts relative to the contractual time period of January 1 – September 30, 2014.

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Row IB-100 – REVENUE

This row is the label REVENUE. The rows immediately following will represent the revenues available to fund current year expenditures associated to the PIHP to Affiliate Autism Benefit Services Contracts.

Row IB-101 - REVENUE – MEDICAID - FROM PIHP

Enter the amount of revenue from the PIHP that is associated to the provision of ABA services as indicated in the CMHSP contract with the PIHP and in the Medicaid Provider Manual.

Row IB-102 - REVENUE - MICHILD - FROM PIHP

Enter the amount of revenue from the PIHP that is associated to the provision of ABA services as indicated in the CMHSP contract with the PIHP and in the Medicaid Provider Manual.

Row IB-190 - TOTAL REVENUE

The cell represents the total amount of revenue available to fund expenditures for the provision of the Autism Benefit – ABA services as indicated in the CMHSP contract with the PIHP and in the Medicaid Provider Manual. This cell is formula driven. The formula is the *sum of Revenue –Medicaid - from PIHP (IB 101) and Revenue-MIChild - From PIHP (IB 102)*

Row IB-200 – EXPENDITURE

This row is the label EXPENDITURE. The rows immediately following will represent the expenditures for services provided and authorized in the Autism Benefit Contract.

Row IB-201 – EXPENDITURE-MEDICAID

Enter the amount of expenditures associated to the provision of Autism Benefit – ABA services as indicated in the CMHSP contract with the PIHP and in the Medicaid Provider Manual.

Row IB-202 – EXPENDITURE-MICHILD

Enter the amount of expenditures associated to the provision of Autism Benefit – ABA services as indicated in the CMHSP contract with the PIHP and in the Medicaid Provider Manual.


Row IB-290 - TOTAL EXPENDITURE

This cell represents the total expenditures associated to the provision of the Autism Benefit – ABA services. This cell is formula driven. The formula is the *sum of Expenditure-Medicaid (IB 201) and Expenditure-MIChild (IB 202)*.

Row IB-400 - BALANCE PIHP TO AFFILIATE AUTISM BENEFIT SERVICES CONTRACT (MUST = 0).

As the row title indicates, the amount in this cell must equal zero. This cell is formula driven. The formula is Total Revenue (IB 190) less Total Expenditure (IB 290).

5.04 SECTION: REMARKS

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This section has been provided for the CMHSP to provide narrative descriptions as necessary. If this space is insufficient, please utilize the “Additional Narrative” tab within the FSR Bundle.